MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01017

01069 **CERTIFICATE OF DEATH** Reg. Dist. No. 336

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Delmar
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 205 Pine Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar X
STREET ADDRESS (If rural give location) 205 Pine Street

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Woodland (Last) Adams

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED,~~ DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: 7-27-1877

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Lumber Mill

11. BIRTHPLACE (State or foreign country): Somerset County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sidney Adams

14. MOTHER'S MAIDEN NAME: Cinderella Dashiell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-19-1904

17. INFORMANT & ADDRESS: Marie Louise Hutchison, Delmar, Del

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSE (B) DUE TO: Arteriosclerotic heart disease — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO: Arteriosclerosis, generalized

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hemiplegia R. ~~multiple decubitus ulcers~~ — 6 mos 3 weeks

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19 54 to Jan. 20, 19 55 that I last saw the deceased alive on Jan 10, 19 55, and that death occurred at 4 50 P M, from the causes and on the date stated above.
SIGNATURE D. V. Sohler, M. D. ADDRESS Delmar, Md DATE SIGNED 1-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1-22-1955 — NAME OF CEMETERY [redacted] First Methodist — LOCATION (City, town, or county) (State) Delmar, Del.

DATE REC'D BY LOCAL REGISTRAR January 21-1955 — REGISTRAR'S SIGNATURE Harry E. Hudson Sr. — 24. FUNERAL DIRECTOR AND ADDRESS W. S. Hand Co. Delmar, Del

RECEIVED
JAN 24 1955
BUREAU V. S.

01018

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01027 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill 23 X-2
STREET ADDRESS (If rural give location) Route #2.

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) (Last) Adkins

4. DATE OF DEATH: (Month) (Day) (Year) January 30 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 29 1877
9. AGE last birthday: 77 6/12 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Madison N.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gordon Vaught
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mr. Herman Adkins Snow Hill Md Route 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 332X
(A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(B) ~~Congestive~~
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congestive heart failure — 1 mos.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/26 19 55, to 1-30 19 55, that I last saw the deceased alive on 1-29 19 55, and that death occurred at 11:30 PM, from the causes and on the date stated above.
SIGNATURE Carl M. Beardsley M. D. ADDRESS Salisbury Md DATE SIGNED 1-31 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb 1 53
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) (State) Snow Hill Md

DATE REC'D BY LOCAL REGISTRAR 1-31-55
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay E. Denning ADDRESS Snow Hill Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 3 1965
BUREAU V. S.

01019

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01028

CERTIFICATE OF DEATH

Reg. Dist. No. 322

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural give location) 1 River side Drive

3. NAME OF DECEASED: (Type or Print) (First) Sal (Middle) V (Last) Arons.

4. DATE OF DEATH: (Month) January (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: May 15, 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Israel Arons

14. MOTHER'S MAIDEN NAME: Yetta Echil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 214-10-8091

17. INFORMANT & ADDRESS: Mrs. Minnie Arons (wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1 IMMEDIATE CAUSE (A) Cong. Heart Failure DUE TO — INTERVAL BETWEEN ONSET AND DEATH 3 days.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to 1-16-55, 19..., that I last saw the deceased alive on 1-16-55, 19..., and that death occurred at 2:40 P M, from the causes and on the date stated above.

SIGNATURE Lee L Lowry M. D. ADDRESS Fruitland Md. DATE SIGNED 1-17-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 1-19-55 — NAME OF CEMETERY OR CREMATORY Mt Sharon Cemetery — LOCATION (City, town, or county) (State) Springfield Pa.

DATE REC'D BY LOCAL REGISTRAR 1-18-55 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR Holloway & Company ADDRESS Salisbury Md.

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JAN 20 1955
BUREAU V. S.

01029

Item 21 Film G178 1-31-55 ams

01020

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND | CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Highway | LENGTH OF STAY (in this place) 10 yrs Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester | CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural — Near Hebb | STREET ADDRESS (If rural, give location) Leroy Purnell Farm

3. NAME OF DECEASED: (First) Bertha (Middle) Mae (Last) Ayres

4. DATE OF DEATH: (Month) Jan (Day) 12 (Year) 1955

5. SEX: F | **6. COLOR OR RACE:** White | **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Single | **8. DATE OF BIRTH:** May 7-1950 | **9. AGE last birthday:** 4 yrs. 8 mos. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): At home | **10b. KIND OF BUSINESS OR INDUSTRY:** — | **11. BIRTHPLACE** (State or foreign country): Newark Md | **12. CITIZEN OF WHAT COUNTRY?** USA

13. FATHER'S NAME: John Ayres | **14. MOTHER'S MAIDEN NAME:** Ruth Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | **16. SOCIAL SECURITY NO.:** — | **17. INFORMANT & ADDRESS:** Johnnie Ayres, Newark, Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 916.0

Immediate cause (a) Burns (over 75% of body) — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO — (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0 | **19b. MAJOR FINDING OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc.) INJURY Home | **21c.** (City or town) Newark, rural (County) 23 (State) Md.

21d. TIME OF INJURY (Month) 1 (Day) 12 (Year) 1955 (Hour) M. | **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ 1 | **21f. HOW DID INJURY OCCUR?** Clothes caught fire from open stove

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE H. C. Bartonius M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Jan 13 55 | NAME OF CEMETERY OR CREMATORY M. E. Wesley | LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. Jan 13, 55 | REGISTRAR'S SIGNATURE Elwyn E. Cooper | FUNERAL DIRECTOR Alley & Timmis | ADDRESS Snow Hill, Md

RECEIVED
JAN 17 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01021

01030

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10 53

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron X
STREET ADDRESS (If rural give location) 50. Walnut St. 1

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Marie (Last) Baker
4. DATE OF DEATH (Month) (Day) (Year) January 29 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: May 12-1909
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10B. KIND OF BUSINESS OR INDUSTRY: Shirt Factory
11. BIRTHPLACE (State or foreign country): Akron Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Guenther
14. MOTHER'S MAIDEN NAME: Luvena Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. Lawrence E. Baker Husband

18. MEDICAL CERTIFICATION #50. Walnut St. Hebron

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4168
IMMEDIATE CAUSE (A) Rheumatic Heart Disease — Unknown
ANTECEDENT CAUSE (S) DUE TO
(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 1955, to 1-29, 1955, that I last saw the deceased alive on 1-29, 1955, and that death occurred at 3:20 A M, from the causes and on the date stated above.
SIGNATURE William R. Ellis, Jr. M.D. ADDRESS Salisbury, Md. DATE SIGNED 1-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb. 1-1955
NAME OF CEMETERY OR CREMATORY Parsons Cem.
LOCATION (City, town, or county) (State) Salisbury Md.

DATE REC'D BY LOCAL REGISTRAR 1-31-55
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.

RECEIVED
FEB 3 1955
BUREAU V. S.

Item 18 Film G175 1-14-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01022

Dr. Morgan 01031

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
12 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
82 HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural give location) 817 S. Division St

3. NAME OF DECEASED: (Type or Print) (First) NORMAN (Middle) WASHINGTON (Last) BAKER

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: Dec. 26, 1951

9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR: Months — Days 8 IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None (Child)

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Norman W. Baker

14. MOTHER'S MAIDEN NAME: Laura Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Norman W. Baker (Father) 817 S. Division St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) DUE TO Respiratory failure	
ANTECEDENT CAUSE (S)	(B) DUE TO Encephalitis -	8 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C) Pneumonia	1 day
II ~~OTHER SIGNIFICANT CONDITIONS CONTRIBUTING~~ TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	(Autopsy showed) Miliary Tuberculosis	

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 27, 1954, to Jan 4, 1955, that I last saw the deceased alive on Jan. 4, 1955., and that death occurred at 10:00 P. M, from the causes and on the date stated above.

SIGNATURE William C. Morgan M. D. ADDRESS Salisbury md DATE SIGNED 1/4/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan. 8, 1955

NAME OF CEMETERY OR CREMATORY Parsons Cemetery

LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-8-55

REGISTRAR'S SIGNATURE Mary M. Wilson

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Burton 01032 — 01023 — Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY: Wiconico — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury
LENGTH OF STAY (in this place): 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — 12
STREET ADDRESS (If rural give location): 112 Olive St.

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) RICHARDSON (Last) BAKER

4. DATE OF DEATH: (Month) JAN (Day) 6th (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 14, 1872

9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months 8, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Near Snow Hill Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Taylor Richardson

14. MOTHER'S MAIDEN NAME: Mary Eliza Scott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Frank A. Baker (Son) 112 Olive St.

18. MEDICAL CERTIFICATION — Salisbury, Maryland

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cerebral hemorrhage — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Arteriosclerotic vascular disease — DUE TO

(c) Hypertension

Interval Between Onset And Death: (a) 8 hours; (b) Years; (c) Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1955, to Jan 6, 1955, that I last saw the deceased alive on Jan 6, 1955, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title) M. D. — ADDRESS: Church & Broad Sts. Salisbury Maryland — DATE SIGNED: Jan. 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 8, 1955 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1-8-55 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01024

01070 CERTIFICATE OF DEATH Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Salisbury R.F.D.#2 X
STREET ADDRESS (If rural give location) Salisbury, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Etta (Last) Ballard

4. DATE OF DEATH (Month) Jan. (Day) 16, (Year) 1955

5. SEX: F. | 6. COLOR OR RACE: C. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Feb. 18, 1897 | 9. AGE last birthday: 57 yrs. | IF UNDER 1 YEAR: Months 10, Days 26 | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Long
14. MOTHER'S MAIDEN NAME: Florence Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 219-05-3417
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 35 min.

ANTECEDENT CAUSE (B) DUE TO Virus Bronchitis associated with "Asthma" — 3 Wks.

OISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) OUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hyperthyroidism — 3Yrs.

19A. DATE OF OPERATION: ------
19B. MAJOR FINDINGS OF OPERATION ----------
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ----------

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) ----------
21E. INJURY OCCURRED While ☐ at work Not while ☐ at work
21F. HOW DID INJURY OCCUR? ----------

22. I hereby certify that I attended the deceased from Dec. 26, 1954 to Jan. 16, 1955 that I last saw the deceased alive on Jan. 16, 1955, and that death occurred at 10:20 A.M., from the causes and on the date stated above.

SIGNATURE D Herbert Lemby M.D. ADDRESS Salisbury, Maryland DATE SIGNED Jan. 18, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1/19/55 | NAME OF CEMETERY OR CREMATORY Pindley Chapel Cem. | LOCATION (City, town, or county) (State) Pocomoke City, Md.

DATE REC'D BY LOCAL REGISTRAR 1-19-55 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Edgar Wharton | ADDRESS New Church, Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01025

Dr. Ellis 01033

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 SALISBURY
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron
STREET ADDRESS (If rural give location) Lillian St

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) C. (Last) Bishop

4. DATE OF DEATH: (Month) January (Day) 20 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Sept. 14, 1895

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months 4 Days 6 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Repair Dept. Employee Pa.

10B. KIND OF BUSINESS OR INDUSTRY: Railroad-Laborer

11. BIRTHPLACE (State or foreign country): Worcester Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lee Bishop

14. MOTHER'S MAIDEN NAME: Jennie Ellis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Emma A. Bishop (Wife) Lillian St.

18. MEDICAL CERTIFICATION Hebron, Maryland

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.1 (A) Myocardial Infarct, acute — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1955 to 1-20, 1955, that I last saw the deceased alive on 1-20, 1955 and that death occurred at 10:15 PM, from the causes and on the date stated above.

SIGNATURE Wilbur R. Ellis, Jr. ADDRESS M.D. Salisbury, Md. DATE SIGNED 1-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jan. 23, 1955 — NAME OF CEMETERY OR CREMATORY Hebron, Cemtery — LOCATION (City, town, or county) (State) Hebron, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-22-55 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR WALTER R. HOLLOWAY — ADDRESS HOLLOWAY & CO. SALISBURY MD.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01026

01034

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Wicomico
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 213 Asbury Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): 213 Asbury Place

3. NAME OF DECEASED: (Type or Print) (First) Chester (Middle) Arthur (Last) Bowe

4. DATE OF DEATH: (Month) Jan. (Day) 29. (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 11. 1884.

9. AGE last birthday: 70. yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Freight Brakeman

10b. KIND OF BUSINESS OR INDUSTRY: P.R.R. Co.

11. BIRTHPLACE (State or foreign country): Point Pleasant, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Bowe

14. MOTHER'S MAIDEN NAME: Katherine (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Harry L. Bowe (Son) 213 Asbury Place, Salisbury, Maryland.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive cardiovascular disease

DUE TO (b)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/18/, 1954, to 1/29, 1955, that I last saw the deceased alive on 1/29/, 1955, and that death occurred at 5 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): A. C. Mitchell MD
ADDRESS: Salisbury, Md
DATE SIGNED: 1/31/55

23. BURIAL, CREMATION, Burial (Specify)
DATE THEREOF: Jan. 31. 1955.
NAME OF CEMETERY OR CREMATORY: Parsons Cem.
LOCATION (City, town, or county) (State): Salisbury, Maryland.

DATE REC'D BY LOCAL REGISTRAR: 1-31-55
REGISTRAR'S SIGNATURE: Mary M. Fraim

24. FUNERAL DIRECTOR / ADDRESS: Holloway & Co. Salisbury, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01027

CERTIFICATE OF DEATH

Dr. Hearne 01035 Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury — LENGTH OF STAY (in this place)

82 HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Wicomico

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury

STREET ADDRESS (If rural give location) 106 Parsons St.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
WALTER	BAIN	BOZMAN	JAN	11	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	August 1, 1902	52 yrs.	5	10		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Employee-Truck Driver	Shore Sales Div.	Westover Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Walter Bozman	Emma Williams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No:	17. INFORMANT & ADDRESS:
Unk		Mrs. Hazel Bozman (Wife) 106 Parsons St.

18. MEDICAL CERTIFICATION Salisbury, Maryland

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Clot in Myocardium of Heart

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Insufficiency Acute Failure

DUE TO (c) & Cardiac Shock.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/11/55 ....,19....., to 1/11/55, 19 , that I last saw the deceased alive on 1/11/55, 19 ...., and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Carrel L. Hearn MD — ADDRESS 113 W. Church St. Salisbury, Maryland — DATE SIGNED January 13, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 13, 1955	Revells Neck Church Cemetery - Near Princess Anne Md.	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-13-55	Mary W. Holloway	HOLLOWAY & COMPANY	SALISBURY MARYLAND

Walter R. Holloway

01036 01025

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury X
STREET ADDRESS (If rural, give location) R.D. # 4 /

3. NAME OF DECEASED: (Type or Print) (First) ESTELLE (Middle) HOLLOWAY (Last) BRATTEN
4. DATE OF DEATH (Month) JAN (Day) 17 th (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Sept. 7, 1954	0 yrs.	4	10		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Salisbury, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Parker B. Bratten
14. MOTHER'S MAIDEN NAME: Imogene Brinsfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Parker B. Bratten-Father- R.D. #4

18. MEDICAL CERTIFICATION Salisbury, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH —

Immediate cause (a) .....
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) .....
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Street
21c. (City or town) Salisbury (County) KFD4 Wicomico (State) Md.
21d. TIME OF INJURY (Month) 1 (Day) 17 (Year) 55 (Hour) 4:35 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY OCCUR? Car in collision rolled over body.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earl L. Kryder M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED Jan. 18 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Jan. 20, 1955
NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park
LOCATION (City, town, or county) Salisbury, Maryland (State)

DATE REC'D BY LOCAL REG. 1-18-55
REGISTRAR'S SIGNATURE Maryll Holloway
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY
ADDRESS SALISBURY MARYLAND
2094273416 Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01029

01071

CERTIFICATE OF DEATH

Reg. Dist. No. 732

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Salisbury

LENGTH OF STAY (in this place): 3 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 91 Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne, Maryland

STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED: (Type or Print) (First) Ossie (Middle) -- (Last) Brittingham

4. DATE OF DEATH: (Month) Jan. (Day) 11, (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan. 8, 1870	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	--	Somerset County, Maryland	USA

13. FATHER'S NAME: George Washington Lankford

14. MOTHER'S MAIDEN NAME: Annie Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
/ Unk. --	--	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	—
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterial heart disease	?
DUE TO		
	(c) Arteriosclerosis General	?

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
—	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
—			M.		—

22. I hereby certify that I attended the deceased from 10/12, 19 57, to 1/11, 19 58, that I last saw the deceased alive on 1/11, 19 58, and that death occurred at 10:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. Maldon M.D. Salisbury Md. Dr. Head H. Hos 1/11/58

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-13-1958	Manokin Cemetery	Princess Anne	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-13-58	Mary W. Holloway	Levin R. Watson	Princess Anne, Md

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01037

Reg. Dist. No. 332 01037

1. PLACE OF DEATH:
12 COUNTY Wicomico — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 [illegible]
LENGTH OF STAY (in this place) 4 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hosp. 91

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]t
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) R.F.D. [illegible]

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) [illegible] (Last) Brown

4. DATE OF DEATH: (Month) [illegible] (Day) 3, (Year) 1955

5. SEX: [illegible]male **6.** COLOR OR RACE: colored **7.** SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married **8.** DATE OF BIRTH: Oct. 28, 1884 **9.** AGE last birthday: 70 yrs — IF UNDER 1 YEAR: Months Days — IF UNDER 24 Hrs.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife **10B.** KIND OF BUSINESS OR INDUSTRY: **11.** BIRTHPLACE (State or foreign country): Maryland **12.** CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Doran

14. MOTHER'S MAIDEN NAME: Katie Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) — **16.** SOCIAL SECURITY NO. no — **17.** INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Nephrosclerosis d — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S) DUE TO (B) Hypertensive cardiovascular dis. — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis general & cerebral — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. C.N.S. syphilis — ?

19A. DATE OF OPERATION: 0 — **19B.** MAJOR FINDINGS OF OPERATION — **20.** AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — **21B.** PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — **21C** WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. — **21E** INJURY OCCURRED While at work ☐ Not while at work ☐ — **21F.** HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6, 1954, to 1/3, 1955, that I last saw the deceased alive on 1/3, 1955, and that death occurred at 6 45 a M, from the causes and on the date stated above.

SIGNATURE M. V. Fuerman — ADDRESS M.D. Deers Head State Hospit. Salisbury — DATE SIGNED 1/3/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 1/3/1955 — NAME OF CEMETERY OR CREMATORY Pomona (col.) Cem — LOCATION (City, town, or county) near Chestertown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1-4-55 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR — ADDRESS J. Willis Wells - Chestertown, Md.

RECEIVED
JAN 6 1975
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01031

01038

CERTIFICATE OF DEATH

Reg. Dist. No. 332

Item 23, Film 176 1-21-55 et

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
12 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible]
LENGTH OF STAY (in this place) 3 [illegible]
11 HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) G. (Last) CA[illegible]R
4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8 DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	White	Divorced	Apr. 17, 1895	59 yrs.				

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	Anne Arundel County - Md.	USA

13. FATHER'S NAME: J[illegible] J[illegible]
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No			[illegible]

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerosis via Generalized Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
-- --	--	YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	--	--

21D TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
-- M.		--

22. I hereby certify that I attended the deceased from Dec. 10, 19[illegible], to Jan. 11, 19[illegible], that I last saw the deceased alive on Jan. 11, 1955, and that death occurred at [illegible] M, from the causes and on the date stated above.

SIGNATURE [illegible] M. D. ADDRESS [illegible] DATE SIGNED 1/[illegible]/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-15-55	New Cathedral Cemetery	Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-12-55	Mary W. Holloway	Hill & Johnson	Salisbury Md.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[illegible]
[illegible] V. S.

01072 tom 7, fil-2176 1-21-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 1

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico Co
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Salisbury X
STREET ADDRESS (If rural, give location) Rural 1

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Ethel Carter

4. DATE OF DEATH (Month) 1 (Day) 21 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	C	Single	Sept 8. 1911	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Maid		N.C.	

13. FATHER'S NAME: Will Carter

14. MOTHER'S MAIDEN NAME: Mary Ann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-12-5226

17. INFORMANT & ADDRESS: Willard Carter Delmar Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DUE TO Status epilepticus — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 1-22-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-25-55	Green Acres Cem	Salisbury Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-25-55	Mary W. Holloway	Barker & West	Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01033

01039 Item 8 Film 177 2-21-56 et

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 Broad St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural give location) 112 Broad St., 1

3. NAME OF DECEASED: (First) FRANCIS (Middle) THOMAS (Last) CHATHAM
4. DATE OF DEATH (Month) 1 (Day) 26 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Dec. 5, 1888
9. AGE last birthday 66 yrs.
IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce
10B. KIND OF BUSINESS OR INDUSTRY: Buyer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: F. Thomas Chatham
14. MOTHER'S MAIDEN NAME: Virginia Bratton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mrs. Miranda P. Chatham, Same

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 IMMEDIATE CAUSE	(A) Myocardial infarction	1 hour.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. 260X	DUE TO (B) Coronary artery thrombosis	Years
	DUE TO (C) Arteriosclerotic heart disease	15 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	Hypertension. DIABETES. Senility.	25 yrs.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/25/1954, to 1/26/1955, that I last saw the deceased alive on 9/25/1955, and that death occurred at 5:15 A.M., from the causes and on the date stated above.
SIGNATURE [signature] M. D. ADDRESS Professional Bldg. DATE SIGNED 1/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF 1/28/55
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REGISTRAR 1-28-55
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS Salisbury, Md.

RECEIVED
JAN 31 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01034

CERTIFICATE OF DEATH

01040

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 SALISBURY; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 822 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin 23X-2; STREET ADDRESS (If rural give location) N. Main Street

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) KATE (Last) Collins

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: January 31, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Berlin Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Burbage

14. MOTHER'S MAIDEN NAME: Millie Burbage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT & ADDRESS: Allison Collins, Berlin, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

451X

IMMEDIATE CAUSE

(A) Ruptured Thoracic aneurysm (Arteriosclerotic) — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO

(B)

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-27., 1955, to 1-28., 1955 that I last saw the deceased alive on 1-28., 1955 and that death occurred at 7:10 AM, from the causes and on the date stated above.

SIGNATURE: Wilbur R. Ellis, Jr. M.D. ADDRESS: Salisbury, Md. DATE SIGNED: 1-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): DATE THEREOF: JAN. 31 1955; NAME OF CEMETERY OR CREMATORY: BUCKINGHAM; LOCATION (City, town, or county) (State): BERLIN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 2-1-55; REGISTRAR'S SIGNATURE: Mary W. Mooney

24. FUNERAL DIRECTOR: Bunting; ADDRESS: Berlin Md

Dr. Smith

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01035

CERTIFICATE OF DEATH

Reg. Dist. No. 332

D1041

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury X
STREET ADDRESS (If rural, give location) RD#3. (Dilman Road)

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) Mae (Last) Conaway

4. DATE OF DEATH (Month) (Day) (Year) January 23-1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married | 8. DATE OF BIRTH: Dec. 16-1933 | 9. AGE last birthday: 21 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife | 10B. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Salisbury Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leiter Adkins | 14. MOTHER'S MAIDEN NAME: Callie Smack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No. (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Herman N. Conaway (Husband) RD#3. Salisbury Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0

IMMEDIATE CAUSE (A) Exsanguination

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Rupture Esophageal Varix 4 8 Hrs.

DUE TO

(C) Liver Cirrhosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21, 1955, to 1-23, 1955, that I last saw the deceased alive on 1-23, 1955, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE W. H. B. Smith M. D. | ADDRESS Salisbury Md. | DATE SIGNED 1-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan. 26-55 | NAME OF CEMETERY OR CREMATORY Parsons Cem. | LOCATION (City, town, or county) (State) Salisbury Md.

DATE REC'D BY LOCAL REGISTRAR 1-26-55 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Hollaway & Sabley | ADDRESS Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 28 1955
BUREAU V. S.

01042

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01030 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Accomac — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 12 Salisbury

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Gen. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia COUNTY

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chincoteague 83 x 3

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
(Type or Print) Carl Daisey	Jan. 15 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
M	W	Single	Nov. 21, 1926	28 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Waterman		Chincoteague Va	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Louis P. Daisey	Edna Birch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mrs. Edna Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Paralytic Ileus	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO dislocation of C-7 & severed spinal cord.	11 days
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street	21c. (City or town) (County) Accomac	(State) Va.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
1 4 55 M.		[illegible] over [illegible].

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earl L. Kryer M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 1-18-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1-17-55	Mechanics Cemetery	Chincoteague Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-25-55	Mary M. Tolliver	W. H. Daisey, Chincoteague, Va

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01037

01043 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (In this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton, Md.
STREET ADDRESS (If rural give location) Rt. 3

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (Last) Dutton

4. DATE OF DEATH: (Month) Jan. (Day) 10, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 7-2-1864

9. AGE last birthday 90 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Pocomoke, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levin Dutton

14. MOTHER'S MAIDEN NAME: Sarah Saulsbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk.
(If Yes, give war or dates of service) Unk.

16. SOCIAL SECURITY NO. --

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Generalized metastases of chest — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S) DUE TO (B) Ca of prostate gland — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic Cardiovasc. disease d. diabetes mellitus — ?

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9 19 54, to 1/10, 19 55, that I last saw the deceased alive on 1/10, 19 55, and that death occurred at 3:20 P M, from the causes and on the date stated above.

SIGNATURE Dr. V. Fuerman ADDRESS M. D. Deer's Head State Hospt. Salisbury DATE SIGNED 1/10/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-13-55	Burrus Cem	Dutton's Yard

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/12-55	Mary W. Holloway	Cooper & Leach	

RECEIVED
JAN 14 1965
BUREAU V. S.

01044 01038 332

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place) 0
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital - Died a few minutes after reaching Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westover Maryland
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) W. (Last) Gaile

4. DATE OF DEATH (Month) Jan. (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Mar

8. DATE OF BIRTH: June 5-1954

9. AGE last birthday: yrs. 7 mos. 7 days 7 IF UNDER 1 YEAR: Months | Days; IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elmer W. Gaile

14. MOTHER'S MAIDEN NAME: Geraldine Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Geraldine Gaile Westover Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Bronchopneumonia DUE TO — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Acute Cold DUE TO — 5 days

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED Jan 15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1-16-55

NAME OF CEMETERY OR CREMATORY Hillcrest Gardens

LOCATION (City, town, or county) Where he formerly lived (State) Md

DATE REC'D BY LOCAL REG. 1-15-55

REGISTRAR'S SIGNATURE [signature] M.D. per J. Holloway

24. FUNERAL DIRECTOR Charles H Ward **ADDRESS** Marion Ind

2064203445

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01039

CERTIFICATE OF DEATH

01045 Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Salisbury, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova, Md.
STREET ADDRESS (If rural give location) 20x-2

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) (Last) Geib
4. DATE OF DEATH (Month) 1 (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	Jan. 10, 1919	36 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Baltimore, Md.	U. S.

13. FATHER'S NAME: Malrey Buren Crockett.
14. MOTHER'S MAIDEN NAME: Ollie Rose Duncan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no		none	Mr. M. B. Crockett, Oxford, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Venttricular Fibrilation
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cocain Hypersensitivity DUE TO Bronchial asthma, Pan-Sinusitis and
(C) nasal polyps

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Nasal Polyps with condiserable- pus in sinuses and nasal cavity.

19A. DATE OF OPERATION.	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/20/55		YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 1/11/, 19.55 to 1/20/, 19.55 that I last saw the deceased alive on 1/20/, 19.55 and that death occurred at 9:25A M, from the causes and on the date stated above.

SIGNATURE	ADDRESS	DATE SIGNED
Z. J. Waters M.D.	410 S. Div. St.	1/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 23,55	Fairview	Cordova, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/23/55	A. A. Nevius		Easton, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 28 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01040

01046

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: 22 COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dagsboro Rural 4 x-5
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) William (Middle) (Last) Glover
4. DATE OF DEATH: (Month) January (Day) 29 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 1871-6-30
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months 6 Days 29 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Poultryman
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia (Wor)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Glover
14. MOTHER'S MAIDEN NAME: Pamela Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
16. SOCIAL SECURITY NO. (If Yes, give war or dates of service)
17. INFORMANT & ADDRESS: Frank Glover Dagsboro, Del.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE: 151X
(A) DUE TO: Coronary thrombosis. — 6 months.

ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO: Carcinoma Stomach
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1-28-55
19B. MAJOR FINDINGS OF OPERATION: Carcinoma Stomach with partial pyloric obstruction
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from . . . . . , 19 . , to . , 19 , that I last saw the deceased alive on 1-28 , 1955, and that death occurred at 4:07 M, from the causes and on the date stated above.
SIGNATURE William H. Fisher Jr. M.D. ADDRESS Salisbury, Md. DATE SIGNED 1-29-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 1/31/55
NAME OF CEMETERY OR CREMATORY: Colonial Chapel
LOCATION (City, town, or county) (State): Lewes Delaware (Sussex) Del.

DATE REC'D BY LOCAL REGISTRAR: 2/1/55
REGISTRAR'S SIGNATURE: Mary W. Holloway mrb
24. FUNERAL DIRECTOR: Watson & Gray ADDRESS: Millsboro Del.

RECEIVED
FEB 2 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01041

01047 . CERTIFICATE OF DEATH Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Princess Anne 19x-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) William (Middle) H. (Last) Hart
4. DATE OF DEATH: (Month) January (Day) 29 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct. 13, 1871	83 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Civil engineer		Louisville Kentucky	U.S.A.

13. FATHER'S NAME: Seaborn Jones Hart
14. MOTHER'S MAIDEN NAME: Josephine English Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Mrs Henry Nelson Keating

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 IMMEDIATE CAUSE	(A) Pulmonary Edema	10 days
ANTECEDENT CAUSE (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerotic Heart Disease	unknown
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18, 1955, to 1-29, 1955, that I last saw the deceased alive on 1-29, 1955, and that death occurred at 4:15 M, from the causes and on the date stated above.

SIGNATURE William R. Ellis, Jr. M.D. ADDRESS Salisbury, Md. DATE SIGNED 1-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	2-1-1955	Loudon Park Cemetery	Balto Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-31-55	Mary L. Murray	Lewis R. Wilson	Rams Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply any item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01042

01048

CERTIFICATE OF DEATH

Reg. Dist. No. 382

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Wicomico — STATE MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN 12 Salisbury, Maryland — LENGTH OF STAY (in this place) 17 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster 6.2 7.2

STREET ADDRESS (If rural, give location) 25 John Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Sallie	Lelia	Weltibridle	Jan.	2.	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Female	White	Widowed	April 3, 1869	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Homemaker	--	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Rev. George W. Seilhamer	Harriett Kendig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk.	--	--	Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Pulmonary edema	2h
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease c	?
	DUE TO (c) aortic stenosis & rel. mitral insuff.	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	No	—	—		

TIME (Month) OF INJURY	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
	—				—

22. I hereby certify that I attended the deceased from Jan. 11 19 55, to Jan. 28 19 55, that I last saw the deceased alive on Jan. 28, 19 55, and that death occurred at 9:05 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
[signature] M.D.	Deer's Head Hospital; Salisbury, Md.	1/28/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/31/55	Uniontown Cemetery	Uniontown, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-28-55	Mary M. Holloway	The Hill & Johnson Co. Sal. Horace C. Hill	

RECEIVED
JAN 31 1956
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01043

Dr. Larmore 01073 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmarr Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico ico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) R.D. # 3

3. NAME OF DECEASED: (Type or Print) (First) Lula (Middle) Ethel (Last) Hill

4. DATE OF DEATH: (Month) Jan. (Day) 20 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: April 9, 1894

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months 8 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At own Home

11. BIRTHPLACE (State or foreign country): Near Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Figgs

14. MOTHER'S MAIDEN NAME: Rosa Parsons

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Margie Godwin (Daughter) Salisbury Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset And Death: 6 Mos

DUE TO

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last.

(b) Carcinoma of Cervix — 1 3/4 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 19 55, to death, 19 .., that I last saw the deceased alive on 1/20, 19 55, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE Ernest M. Larmore M.D. (Degree or title) ADDRESS Delmar, Delaware DATE SIGNED January 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan.23,1955 — NAME OF CEMETERY OR CREMATORY Melsons Cemetery — LOCATION (City, town, or county) (State) Near Delmar, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-23-55 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY SALISBURY MARYLAND

Walter R. Holloway

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Permit 01044

01049

CERTIFICATE OF DEATH

Reg. Dist. No. 332

Item 9, Film 0177 2-[illegible]-55 et

1. PLACE OF DEATH:
COUNTY: Wicomico. STATE: Md MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 12 Salisbury
LENGTH OF STAY (In this place): —
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury Md. 12
STREET ADDRESS (If rural, give location): 320 Del St

3. NAME OF DECEASED: (Type or Print) (First) Ora (Middle) V. (Last) Halbrook.

4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 8. 1905

9. AGE Last birthday: 18 16 49 Yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Mt Vernon Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dennis Bloodsworth

14. MOTHER'S MAIDEN NAME: Millie Nutter

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-07-7866

17. INFORMANT & ADDRESS: Harry Halbrook.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 154 Rectal Carcinoma DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 2 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. **INJURY OCCURED** While at Work ☐ Not While At Work ☐ **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 15 Nov 1954, to 26 Jan, 1955, that I last saw the deceased alive on 26 Jan, 1955, and that death occurred at 12 20 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L Burnell M.D. 652 W main ST, Salisbury Md 28 Jan 55

23. BURIAL, CREMATION, REMOVAL (Specify) Buried **DATE THEREOF** Jan. 29, 1955 **NAME OF CEMETERY OR CREMATORY** Mt. Vernon Cem **LOCATION** (City, town, or county) Mt. Vernon (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-28-55 **REGISTRAR'S SIGNATURE** Mary M. Holloway

24. FUNERAL DIRECTOR Booker M. West ADDRESS Salisbury Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01045

Item 9, Film 01050 et

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place) D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Perinsular General Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural give location) 111 Miller Place

3. NAME OF DECEASED: (Type or Print) (First) ALVIN (Middle) CLARK (Last) HUBBERT

4. DATE OF DEATH: (Month) 1 (Day) 27 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: AUG. 31, 1891
9. AGE last birthday 63 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney
10B. KIND OF BUSINESS OR INDUSTRY: Sec. U. Comm.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Hubbert
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-24-4575
17. INFORMANT & ADDRESS: Mrs Mary B. Hubbert, Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Artery Thrombosis — Interval between onset and death: 5 minutes

ANTECEDENT CAUSE (S) DUE TO (B) Coronary Atherosclerosis — 10 months

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Myocardial Insufficiency — 5 months

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1954 to Jan. 1955 that I last saw the deceased alive on Jan. 3, 1955 and that death occurred at 9:07 A.M., from the causes and on the date stated above.
SIGNATURE David J. Gilmore M. D. ADDRESS Salisbury Md. DATE SIGNED Jan. 28, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 1/29/55
NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1-28-55
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: The Hill-Johnson Co. Salisbury
ADDRESS: Same

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I MARGIN RESERVED FOR BINDING

RECEIVED
JAN 31 1955
BUREAU V. S.

01046

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01051

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 12 Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millsboro 46 X-3
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) Sallie (First) ELIZABETH (Middle) Hudson (Last)

4. DATE OF DEATH: (Month) January (Day) 17 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: June 19, 1892
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vaccinating
10B. KIND OF BUSINESS OR INDUSTRY: Chickens
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm L. Short
14. MOTHER'S MAIDEN NAME: Rebecca Brumbley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: John Hudson, Millsboro, Del.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1747 IMMEDIATE CAUSE (A) Bilateral Pleural Effusion — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSE (B) DUE TO Metastatic Carcinoma of right lung Secd

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C) to adeno-carcinoma of uterus Grade IV

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis generalized

19A. DATE OF OPERATION: 10/25/55 10/28/55
19B. MAJOR FINDINGS OF OPERATION: D-C Radium Impr. adeno-carcinoma of uterus
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24 ..., 1954, to 1/17/ ., 1955, that I last saw the deceased alive on 1/17/ ., 1955., and that death occurred at 10:35 AM, from the causes and on the date stated above.

SIGNATURE William S. Womack M. D. ADDRESS 706 Camden Ave. Salisbury DATE SIGNED 1/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 1-20-55 | NAME OF CEMETERY OR CREMATORY Mechanics Cemetery | LOCATION (City, town, or county) (State) Millsboro Del

DATE REC'D BY LOCAL REGISTRAR 1-19-55 | REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Wm Howard Wells — ADDRESS Pittsville Md

RECEIVED
JAN 21 1955
BUREAU V. S.

01074 01047

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Haven
LENGTH OF STAY (in this place) 8
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN White Haven
STREET ADDRESS (If rural, give location) X 1

3. NAME OF DECEASED: (First) Nathaniel (Middle) (Last) Jones
4. DATE OF DEATH (Month) 1 (Day) 20 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday: yrs.	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	C	S	1-12-55					

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): White Haven
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alton Jones
14. MOTHER'S MAIDEN NAME: Lucy Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 1 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Alton Jones, White Haven, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
763.0 Immediate cause	(a) Bronchopneumonia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Emil K. Rupp M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 1-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1-21-55
NAME OF CEMETERY OR CREMATORY White Haven Cemetery
LOCATION (City, town, or county) (State) White Haven, Maryland

DATE REC'D BY LOCAL REG. 1-21-55
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Cornelius F. Measeck
ADDRESS Brewster 1015328344 Maryland

VS. A15A - 5 - 53

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01048

01052

Reg. Dist. No. 22

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY Wicomico — STATE MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 12 Salisbury

LENGTH OF STAY (in this place): 1 Day

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Wicomico

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury

STREET ADDRESS (If rural give location): Spring Hill Rd.

3. NAME OF DECEASED: (Type or Print) (First) L. (Middle) BEAT (Last) KIZER

4. DATE OF DEATH: (Month) 1 (Day) 14 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 9, 1889	65 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired Employee of Lumber Mill		Va.,	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Robert Kizer	Unknow

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		226-10-9990	J.S.Meadows, Spring Hill Rd, Salisbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.1

(a) Myocardial Infarction — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary artery disease — DUE TO

(c)

Interval Between Onset And Death: 10 mo months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1955, to Jan 14, 1955, that I last saw the deceased alive on Jan 13, 1955, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William A Gray	M.D.	Salisbury, Md	1/14/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/17/55	Mt. Pleasant Cemetery	Prince Ed. Co. Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-15-55	Mary W. Tolliver	The Hill & Johnson Co.	Salisbury, Md.

Hill & Hill

EDELAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01049

01075 CERTIFICATE OF DEATH Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bivalve
MARYLAND LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bivalve
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) HERMAN (Middle) E. (Last) LARMORE

4. DATE OF DEATH: (Month) Jan. (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 10, 1880

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months — Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: George Henry Larmore

14. MOTHER'S MAIDEN NAME: Mary E. Hemmens

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or Unk.) No (If Yes, give War or dates of service)

16. SOCIAL SECURITY No.: 219-14-3918

17. INFORMANT & ADDRESS: Carl L. Walter - Bivalve, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO: Acute Coronary Occlusion. — Interval Between Onset And Death: 1 hour

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Coronary Sclerosis. — 5 years.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Aug, 1947, to 23 Jan, 1955, that I last saw the deceased alive on 23 Jan, 1955; and that death occurred at 8:15 A.M.; from the causes and on the date stated above.

SIGNATURE Richard H. Saunders (Degree or title) W. D. ADDRESS Bivalve Md. DATE SIGNED 1/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 25, 1955 NAME OF CEMETERY OR CREMATORY Bivalve Cemetery LOCATION (City, town, or county) (State) Bivalve, Md.

DATE REC'D BY LOCAL REGISTRAR 1-27-55 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Cornelius D. Messick ADDRESS Bivalve, Maryland

VS. A15

RECEIVED
JAN 31 1955
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01050

01053

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH.
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place)
82 HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME.) OF DECEASED:
STATE Del. COUNTY Sussex
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Dunkaw 4
STREET ADDRESS (If rural give location) Dunkaw

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) L. (Last) Lecates

4. DATE OF DEATH: (Month) January (Day) 6 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 15, 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months 5 Days 22 IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Edward Warrington

14. MOTHER'S MAIDEN NAME: Jennie Betts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Wm C. Lecates - Willards-md. RD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic arteriosclerotic nephritis — ?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile intestinal obstruction — 10 days

19A. DATE OF OPERATION: -6

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2 1954 to Death, 19 , that I last saw the deceased alive on 1-5 , 1955 and that death occurred at 4:30 A.M, from the causes and on the date stated above.

SIGNATURE Ernest P. Lamon M. D. ADDRESS Delmar Del DATE SIGNED 1-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1-9-55

NAME OF CEMETERY OR CREMATORY Mechanics Cemetery

LOCATION (City, town, or county) Millsboro (State) Del.

DATE REC'D BY LOCAL REGISTRAR 1-9-55

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR ADDRESS William Howard Wells - Pittsville, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01051

01054

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: 22 COUNTY Wicomico MARYLAND

12. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury

LENGTH OF STAY (in this place)

82. HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton

STREET ADDRESS (If rural give location) Route #2. P.O. Box 101

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Naomi Manuel

4. DATE OF DEATH: (Month) January (Day) 5 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	Colored	Never married	Jan 3, 1955	yrs.		2		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Naomi Anne Manuel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

15. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: David Waters Brother in law.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
760.5 IMMEDIATE CAUSE	(A) Cerebral Hemorrhage, Ventricular & Subarachnoid	1-2
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Prematurity at Delivery DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Premature.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1955 to Jan 5, 1955 that I last saw the deceased alive on Jan 5, 1955, and that death occurred at 10:34 PM, from the causes and on the date stated above.

SIGNATURE Robert H. Jamieson M.D. ADDRESS 926 N. Division St, Salisbury DATE SIGNED 1-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 1-6-55 NAME OF CEMETERY OR CREMATORY Peninsula General Hospital LOCATION (City, town, or county) Salisbury Wicomico (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-6-55 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Peninsula General Hospital ADDRESS 2015193241

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01052

CERTIFICATE OF DEATH

01055

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oriole 19x-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) ✓ (Last) McDaniel

4. DATE OF DEATH: (Month) January (Day) 16 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White		Oct. 13, 1871	83 yrs				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Own Home	Monie, Md	U.S.A.

13. FATHER'S NAME: George W. Muir

14. MOTHER'S MAIDEN NAME: Laurancy Laird

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
no			Clarence Muir, Oriole, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 570.5	(A) Coronary occlusion	4 hrs
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Cerebrovascular collapse	4 hrs
DUE TO	(C) Intestinal obstruction	4 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13, 1955, to 1-16, 1955 that I last saw the deceased alive on 1-16, 1955 and that death occurred at 9:55 AM, from the causes and on the date stated above.

SIGNATURE H.A. Brill ADDRESS M. D. 2267 Division St. DATE SIGNED 1-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1-19-55	Mechanics Cemetery	Oriole, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-18-55	Mary W. Holloway	James Hinman	Princess Anne, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01053

01056

CERTIFICATE OF DEATH

Reg. Dist. No. 332

Item 14, Film 177 2-8-55 et

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE VIRGINIA COUNTY Accomac
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New Church Six-3
STREET ADDRESS (If rural give location) Star Route

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Mills

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1955

5. SEX: M | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Newborn | 8. DATE OF BIRTH: January 28, 1955 | 9. AGE last birthday yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours 2 Min. 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mills, Hayward

14. MOTHER'S MAIDEN NAME: Townsend, Lillie Mae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

759.3

IMMEDIATE CAUSE (A) Anoxia — INTERVAL BETWEEN ONSET AND DEATH: At Birth

ANTECEDENT CAUSE (S) DUE TO (B) entrophrenal herniation of abdominal viscera — Congenital

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Congenital defect of Left Diaphragm — Birth

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 28, 1955, to January, 1955, that I last saw the deceased alive on January 28 1955, and that death occurred at 2:45 A M, from the causes and on the date stated above.

SIGNATURE Louis T. Llewelyn, M D. ADDRESS Pocomoke City, Md DATE SIGNED 11/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 1-31-55 | NAME OF CEMETERY OR CREMATORY Peninsula Funeral Hospital | LOCATION (City, town, or county) Salisbury, Wicomico, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1-28-55 | REGISTRAR'S SIGNATURE William H. Ake | 24. FUNERAL DIRECTOR Peninsula Funeral Hospital ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

2015291384

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01054

01057 . CERTIFICATE OF DEATH Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Md - 12
STREET ADDRESS (If rural give location) 410 Isabella Street

3. NAME OF DECEASED: (First) (Middle) (Last) Morris
4. DATE OF DEATH: (Month) January (Day) 21 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Jan. 21 - 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours 3 Min. 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Robert Marcellus Morris
14. MOTHER'S MAIDEN NAME: Betty Anne Waller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS. Robert Marcellus Morris

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO Premature Separation Placenta — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSE (S) (B) DUE TO Premature Labor, 28-30 wks

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Acute Intrapartum Bleeding

19A. DATE OF OPERATION: 1-21-55
19B. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21, 1955, to 1/21, 1955, that I last saw the deceased alive on 1/21, 1955, and that death occurred at 3:50 P M, from the causes and on the date stated above.
SIGNATURE J. Rivers Hauson MD M. D. ADDRESS Salisbury, Md DATE SIGNED 1-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
DATE THEREOF: 1/22/55
NAME OF CEMETERY OR CREMATORY: Peninsula General Hospital
LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-29-55
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR: Peninsula General Hospital ADDRESS 20152522211

VS. A15—10-53

JAN 28 19
BUREAU V.

01055

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01055

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill Rout #2
STREET ADDRESS (If rural give location) 23X-2

3. NAME OF DECEASED. (Type or Print) (First) MARTHA (Middle) (Last) NELSON

4. DATE OF DEATH: (Month) JANUARY (Day) 30 (Year) 19 55

5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH May 20 1882
9. AGE last birthday 72 8/10 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Duncan
14. MOTHER'S MAIDEN NAME: Mary C Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mr Ernest Nelson, Snow Hill Md Rout #2

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
446X IMMEDIATE CAUSE	(A) Arteriolar nephrosclerosis	unknown
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Hypertensive vascular disease DUE TO	"
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1955 to 1-30, 1955 that I last saw the deceased alive on 1-30, 1955, and that death occurred at 11:35 P M, from the causes and on the date stated above.

SIGNATURE William R. Ellis Jr. M.D. ADDRESS Salisbury Md. DATE SIGNED 1-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Feb 2/55
NAME OF CEMETERY OR CREMATORY Friendship
LOCATION (City, town, or county) (State) Snow Hill Md

DATE REC'D BY LOCAL REGISTRAR 1-31-55
REGISTRAR'S SIGNATURE Marion A. Horsey
24 FUNERAL DIRECTOR Clyde E. Dennis ADDRESS Snow Hill Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... is especially important. Physicians: please write the causes of death clearly and legibly.

FEB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01076 **CERTIFICATE OF DEATH** 01056

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SALISBURY.
LENGTH OF STAY (in this place) 36 days
91 HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Md COUNTY TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BOZMAN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED. (Type or Print) (First) JAMES (Middle) THOMAS (Last) PHILLIPS

4. DATE OF DEATH: (Month) JAN. (Day) 15th (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: APR. 16th 1866

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bozman, Md

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: GEORGE A. PHILLIPS.

14. MOTHER'S MAIDEN NAME: MARY ANNE HATTER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 IMMEDIATE CAUSE (A) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) with myocardial insufficiency

DUE TO (C) Arteriosclerosis general & cerebral — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/9 1954, to 1/15 ., 1955, that I last saw the deceased alive on 1/15 ., 1955, and that death occurred at 6 10 P M, from the causes and on the date stated above.

SIGNATURE Dr. V Guerriero. M.D. ADDRESS Deer's Head Hospital, Salisbury DATE SIGNED 1/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jan 18. 1955 — NAME OF CEMETERY OR CREMATORY Bozman Cemetery — LOCATION (City, town, or county) (State) Bozman, Talbot Co. Md

DATE REC'D BY LOCAL REGISTRAR 1-17-55 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR S. Hamilton Harrison — ADDRESS St. Michaels

JAN 1975
BUREAU

01057

MARYLAND 01077

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 332

Item 9 Film 177 2-6-55 et

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards R.F.D. — LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards
STREET ADDRESS (If rural, give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) B. (Last) Phillips

4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: May 9 1879

9. AGE last birthday: 76 yrs. 7 mo. 8 da. (If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Benjamin Phillips

14. MOTHER'S MAIDEN NAME: Hester Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Lawder Phillips Showell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

526X

Immediate cause (a) Subacute adhesive Aortitis — 2 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Congestive Heart failure — 2 mos.

(c) Bronchiectasis & Infection — ? years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1954, to Jan 5, 1955, that I last saw the deceased alive on ....., 19....., and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert A. Grant M.D. — ADDRESS Berlin, Md. — DATE SIGNED 1/17/55

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE 1-19-55 — NAME OF CEMETERY OR CREMATORY Evergreen — LOCATION (City, town, or county) Pocomoke (State) Md.

DATE REC'D BY LOCAL REG. 1-21-55 — REGISTRAR'S SIGNATURE Mary W. Holloway — 24. FUNERAL DIRECTOR Peter Whaley — ADDRESS Selbyville Del

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01059

CERTIFICATE OF DEATH

Reg. Dist. No. 01058

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (in this place) 8 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 91 Peerstead Cty. Hosp.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V31-4
STREET ADDRESS (If rural give location) 5907 Belair Rd

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) (Last) Reagan

4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 11-21-81

9. AGE last birthday: 73 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Fireman

10B. KIND OF BUSINESS OR INDUSTRY: Penna. R.R.

11. BIRTHPLACE (State or foreign country): Macon Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Aptile Fuhrman

14. MOTHER'S MAIDEN NAME: Lydia Ely.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Arthur Byerley, 408 Taylor Ave Essex

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 3.12 X
(A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week.

ANTECEDENT CAUSE (S)
DUE TO
(B) arteriosclerosis. — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Ca of Rectum. — ?

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1955, to 1-22, 1955, that I last saw the deceased alive on 1-22, 1955, and that death occurred at 11 40 P M, from the causes and on the date stated above.

SIGNATURE [signature] M.D. ADDRESS Peerstead Hosp. DATE SIGNED 1-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1/26/55 | NAME OF CEMETERY OR CREMATORY St. Mary's-a-Hampden | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 1-24-55 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR ADDRESS Wm. Cook & Sons, 1212 St. Paul St.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01059

01060

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 SALISBURY
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wico.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willards
STREET ADDRESS (If rural give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) NANCY (Middle) ELIZABETH (Last) RICHARDSON

4. DATE OF DEATH: (Month) JANUARY (Day) 30 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: APR. 1, 1889

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hamil Parsons

14. MOTHER'S MAIDEN NAME: Lillie Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Harry A. Richardson - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Myocardial Infarction, acute — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Coronary thrombosis — 11

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: (

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29, 1955 to 1-30, 1955, that I last saw the deceased alive on 1-30, 1955, and that death occurred at 3 A. M, from the causes and on the date stated above.

SIGNATURE Wilbur R. Ellis, Jr. M.D. ADDRESS Salisbury, Md. DATE SIGNED 1-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF 2/1/1955

NAME OF CEMETERY OR CREMATORY: Wico. Mem. Park

LOCATION (City, town, or county) (State): Salisbury, Md.

DATE REC'D BY LOCAL REGISTRAR: 1-31-55

REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: The Hill & Johnson Co

ADDRESS: Bruce C. Hill

DR. Grause 01061

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01060

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS 209 E. Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS 209 E. Locust St. (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) B. (Last) Riggin

4. DATE OF DEATH: (Month) Jan. (Day) 27. (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 27.1891.

9. AGE last birthday: 63. yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife WORK

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): Worcester County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Smullen

14. MOTHER'S MAIDEN NAME: Rebecca West.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Betty Scott(Daughter) Parsonsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension & diabetes

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21 ....., 19 54, to 1/27 ....., 19 55, that I last saw the deceased alive on 1/27 ....., 19 55, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred B. Grause M.D. — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 30.1955. — NAME OF CEMETERY OR CREMATORY Parsons Cemetery — LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REGISTRAR 1-28-55 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Holloway & Co. Salisbury, Maryland. — ADDRESS

RECEIVED
JAN 31 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01061

01062 CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS 312 East William St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) 312 East William St

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) D. (Last) ROBERTSON

4. DATE OF DEATH: (Month) JAN (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 29, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 9 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction Co.

11. BIRTHPLACE (State or foreign country): Appomattox, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unk John D. Robertson

14. MOTHER'S MAIDEN NAME: Unk Frances Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Alice Justis Robertson (Wife) 312 East William St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cong. Heart failure DUE TO — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19.. , to ..... ,19.. , that I last saw the deceased alive on 1-14-55 , 19 , and that death occurred at 4:50 A.M., from the causes and on the date stated above.

SIGNATURE Lee L. Lowry, M.D. (Degree or title) ADDRESS Fruitland Maryland DATE SIGNED Jan. 15. 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan. 16, 1955 NAME OF CEMETERY OR CREMATORY Parsons Cemetery LOCATION (City, town, or county) Salisbury, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 1-16-55 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

Walter R. Holloway Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

(Dr. N= B. 4-7-76)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01062

01078

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 R.D. # 2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville, X
STREET ADDRESS (If rural give location) R.D.# 2. 1

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) B. (Last) Sayers

4. DATE OF DEATH: (Month) Jan. (Day) 30. (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Jan.28.1875.

9. AGE Last birthday: 80. yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): N.K.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): R.D. Pittsville, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lemuel Hadder

14. MOTHER'S MAIDEN NAME: Margaret Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Jennie Chandler (Daughter) R.D.#2. Pittsville, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Virus infection — Interval Between Onset And Death

Immediate cause (a) 096.7 Cardiac Failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cardiac Decompensation

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/29, 1955, to 1/30, 1955, that I last saw the deceased alive on 1/30, 1955, and that death occurred at ..... , from the causes and on the date stated above.

SIGNATURE Wm B Smith M.D. (Degree or title) — ADDRESS Salisbury Md — DATE SIGNED 1/31/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb. 2.55. — NAME OF CEMETERY OR CREMATORY St. Johns Cem. — LOCATION (City, town, or county) Powellville, Maryland. (State)

DATE REC'D BY LOCAL REGISTRAR 1-31-55 — REGISTRAR'S SIGNATURE Maryetta Holloway

24. FUNERAL DIRECTOR Holloway & Co. — ADDRESS Salisbury, Maryland.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01063

01063 CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
22 COUNTY Wicomico — MARYLAND
12 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 1 Hr.
82 HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico 22
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
STREET ADDRESS (If rural give location) 517 Light St., 1

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) JAMES (Last) SCOTT

4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Single	June 6, 1[illegible]	74 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman	Dry Goods	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Scott	Mary Richardson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	UNKNOW	Miss [illegible]a Scott, Jane

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

331 X
Immediate cause (a) ... Cerebral hemorrhage. — 4 hours.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ... Arteriosclerotic vascular disease — Years.
DUE TO
(c) Hypertension — Years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.		

22. I hereby certify that I attended the deceased from June, 1954, to 1/5, 1955, that I last saw the deceased alive on 1/5, 1955, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. — ADDRESS Salisbury — DATE SIGNED 1/7/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/8/55	Parsons Cemtery	Salisbury, Md.

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-7-55	Mary W. Holloway	The Hill & Johnson Co.	Salisbury, Md.

George C. Hill II

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01079

CERTIFICATE OF DEATH

01154

Reg. Dist. No. 392

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury, Md. — LENGTH OF STAY (in this place): 11 months

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne, Md.

STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
CLIFTON	--	SIMPKINS	Jan.	15	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male	White	Widowed	7-31-1875	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Waterman	--	USA	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jessie Simpkins	Rebecca Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk.	--	--	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary thrombosis	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic cardiovascular disease	4 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ---

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
---	---	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--	--	--

TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
--			M.		--

22. I hereby certify that I attended the deceased from 2-15, 19 54, to 1-15, 19 55, that I last saw the deceased alive on 1-15, 19 55, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

SIGNATURE Dr. V Fuerman (DEGREE OR TITLE) MD ADDRESS Deer's Head State Hospital, Salisbury DATE SIGNED 1/15/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-18-1955	Asbury M E Cemetery	Mt. Vernon	Md

DATE REC'D BY LOCAL REG. 1-17-55 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: Levin R. Wilson — ADDRESS: Princess Anne, Md.

RECEIVED
JAN
BUREAU U. S.

01080

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 1005

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Quantico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Quantico
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Aaron (Middle) Faith (Last)

4. DATE OF DEATH (Month) 1 (Day) 7 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ?

8. DATE OF BIRTH: 1900

9. AGE last birthday: 55 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Alabama

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or nnk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Jessie Pollett - Sheriff Wmsn Co

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: /

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earl L Rogers M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑

DATE SIGNED 1-10-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF 1-10-55

NAME OF CEMETERY OR CREMATORY Centennial Rd

LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 1-10-55

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Brooks & Beck ADDRESS

RECEIVED
JAN 13 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01066

01081

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 11-55

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Salisbury
LENGTH OF STAY (in this place)
82 HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne 19+-2
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) Elwood (Middle) (Last) Smith

4. DATE OF DEATH: (Month) Jan. (Day) 16 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):

8. DATE OF BIRTH: May 10 1905

9. AGE last birthday 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Smith

14. MOTHER'S MAIDEN NAME: Elizabeth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Elwood Smith Jr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.1 (A) Myocardial Infarct, acute — 12 hours

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-15, 1955, to 1-16, 1955, that I last saw the deceased alive on 1-16, 1955 and that death occurred at 11:30 A.M., from the causes and on the date stated above.

SIGNATURE William R. Elles, Jr. M.D. ADDRESS Salisbury, Md. DATE SIGNED 1-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1-19-55

NAME OF CEMETERY OR CREMATORY St. Andrew Cemetery

LOCATION (City, town, or county) Princess Anne, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1-19-55

REGISTRAR'S SIGNATURE Mary D. Holloway

24. FUNERAL DIRECTOR ADDRESS Levin Funeral Home Princess Anne Md.

RECEIVED
BUREAU V. S.

(Mr. Hearn)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01064 01067

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give location) 611 Baker St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, 1 mi.; STREET ADDRESS (If rural give location) 611 Baker St. 1

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Jane (Last) Smith

4. DATE OF DEATH: (Month) Jan. 29. (Day) (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 9.1878.

9. AGE Last birthday: 76. yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): Pittsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Foskey

14. MOTHER'S MAIDEN NAME: Jane Workman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Norman Smith, Salisbury, Md. (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Coronary + Myocardial Insufficiency

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Mitral Stenosis + Regurgitation

420.1

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ....., 1952, to Jan 29 ....., 1955 that I last saw the deceased alive on Jan 28 ....., 1955 and that death occurred at ..... , from the causes and on the date stated above.

SIGNATURE Wm Carroll Hearn M.D (Degree or title) ADDRESS 113 W Church DATE SIGNED 1/31/55 2nd

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Feb. 1.55. NAME OF CEMETERY OR CREMATORY Parsons Cem. LOCATION (City, town, or county) (State) Salisbury, Maryland.

DATE REC'D BY LOCAL REGISTRAR 1-31-55 REGISTRAR'S SIGNATURE Maryett Hennessy

24. FUNERAL DIRECTOR ADDRESS Holloway & Co. Salisbury, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01065 **CERTIFICATE OF DEATH** Reg. Dist. No. 01068

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico | CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 12 Salisbury | MARYLAND LENGTH OF STAY (In this place) 3 yrs. | HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Spring Hill Pr. San.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wico | CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Salisbury 12. | STREET ADDRESS (If rural give location) Riverside Dr. 1

3. NAME OF DECEASED: (First) GEORGIA (Middle) V. (Last) STEWART | 4. DATE OF DEATH: (Month) 1 (Day) 8 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: DEC. 15, 1868 | 9. AGE last birthday: 86 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Maryland. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Barthalow | 14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT & ADDRESS: Marshall Stewart - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cardio vascular renal disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ,19 55, to 1-8 , 19 55, that I last saw the deceased alive on 1-6 , 19 55, and that death occurred at 11:30 AM, from the causes and on the date stated above.

SIGNATURE Philip A Fiske M.D (Degree or title) ADDRESS Salisbury Md DATE SIGNED 1-9-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/11/55 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REGISTRAR 1/13/55 | REGISTRAR'S SIGNATURE Mary H. Holloway | 24. FUNERAL DIRECTOR THE H J JOHNSON CO. ADDRESS George C. Hill Jr

VS. A15

RECEIVED
JAN 13 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01082

01069

CERTIFICATE OF DEATH

Reg. Dist. No. 22

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
22 COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Delmar
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Spruce

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Wicomico 22
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) 107 Spruce

3. NAME OF DECEASED: (Type or Print) (First) Major (Middle) (Last) Stokes

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Jan. 29, 1853
9. AGE last birthday 101 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Broker
10B. KIND OF BUSINESS OR INDUSTRY: Fruit
11. BIRTHPLACE (State or foreign country): Denton, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Elwood Stokes, Delmar, Del.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
156.1 IMMEDIATE CAUSE	(A) Carcinoma of liver	2 mos ±
ANTECEDENT CAUSE (S):	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	(B) DUE TO	
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1954 to death, 19, that I last saw the deceased alive on 1/3, 1955 and that death occurred at 1 P M, from the causes and on the date stated above.

SIGNATURE Ernest M. Farmer M. D. ADDRESS Delmar Del DATE SIGNED 1-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1-8-55
NAME OF CEMETERY OR CREMATORY Lake View
LOCATION (City, town, or county) (State) Lover, Delaware

DATE REC'D BY LOCAL REGISTRAR Jan 10 1955
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H. B. Mansfield ADDRESS Delmar Del

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01070

Dr. Ellis 01083

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron X
STREET ADDRESS (If rural give location) Main St

3. NAME OF DECEASED: (Type or Print) (First) LENA (Middle) ELLEN (Last) WEBSTER

4. DATE OF DEATH: (Month) Jan (Day) 10 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 8, 1907

9. AGE last birthday: 47 yrs.
IF UNDER 1 YEAR: Months 6 Days 2
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, never if retired): Employee Operator

10b. KIND OF BUSINESS OR INDUSTRY: Shirt Factory Co.

11. BIRTHPLACE (State or foreign country): R.D. # 1 Hebron Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William S. Owens

14. MOTHER'S MAIDEN NAME: Minnie Pollitt

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Swain Webster (Husband) Main St Hebron, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Heart disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Unknown

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ,19 52 to 1-10 , 19 55 that I last saw the deceased alive on 1-10 , 19 55, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William R. Ellis, M.D. Camden Ave. Salisbury, Maryland January 10 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Jan. 12 1955

NAME OF CEMETERY OR CREMATORY Hebron Cemetery

LOCATION (City, town, or county) (State) Hebron, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-12-55

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY

ADDRESS SALISBURY MARYLAND

Walter R. Holloway

VS. A15

RECEIVED
JAN 14 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01071

01084

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Nanticoke
LENGTH OF STAY (in this place) 20 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nanticoke
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) V. (Last) Webster

4. DATE OF DEATH: (Month) Jan. (Day) 24 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Mar. 20, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 19 Days 3 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Shockley

14. MOTHER'S MAIDEN NAME: Hester Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Russell Webster, Nanticoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 174X Carcinoma Uterus. — Interval Between Onset And Death 1 year.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Terminal Pneumonia. — 3 days.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/10, 1951, to 1/24, 1955, that I last saw the deceased alive on 1/24, 1955, and that death occurred at 6.45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward N. Saunders M.D. — ADDRESS Nanticoke Md. — DATE SIGNED 1/25/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/26/55 — NAME OF CEMETERY OR CREMATORY Tweneio Cemetery — LOCATION (City, town, or county) Nanticoke, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 1/27/55 — REGISTRAR'S SIGNATURE Mary M. Holloway — 24. FUNERAL DIRECTOR Cornelius D. Messick — ADDRESS Bivalve, Maryland

VS. A15

RECEIVED
JAN 31
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01072

Dr. Royer 01066 **CERTIFICATE OF DEATH** Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital 82

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural give location) 104 Hillside Drive 1

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) E (Last) WEST

4. DATE OF DEATH: (Month) JAN (Day) 19 th (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 14, 1875

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months 9 Days 5 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Worcester Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James K. West

14. MOTHER'S MAIDEN NAME: Amelia Kelley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service) Unk

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Mrs. Ethel Lee West (wife) 104 Hillside Drive Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma of prostate DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10 ....,1954., to 1-19 ....., 1955, that I last saw the deceased alive on 1-19 , 1955, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE Ewell Royer (Degree or title) M.D. ADDRESS 1. Camden Ave. Salisbury, Maryland DATE SIGNED 21 January 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan22,1955 NAME OF CEMETERY OR CREMATORY Old School Baptist Cemetery LOCATION (City, town, or county) Snow Hill, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 1-22-55 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

Walter R. Holloway

VS. A15

RECEIVED
JAN 5 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01073

Dr. Mitchell 01067

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Wicomico — STATE: MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — LENGTH OF STAY (in this place): 12
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Riverside Nursing Home — 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Wicomico
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury — 12
   STREET ADDRESS (If rural give location): 411 Mitchell St. — 1

3. NAME OF DECEASED (Type or Print): (First) ANNE (Middle) FRANCES (Last) WHITE

4. DATE OF DEATH: (Month) JAN (Day) 10 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 17, 1883

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: At Own Home

11. BIRTHPLACE (State or foreign country): Pocomoke, City Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gideon Davis (Pocomoke City, Md)

14. MOTHER'S MAIDEN NAME: Luvenia Maddox (Franklin City Va.)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. James C. White (Husband) 411 Mitchell St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Arteriosclerotic heart disease	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Arthritis DUE TO	
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24 ,1953, to 1-10- ,19 55, that I last saw the deceased alive on 1/7 ,19 55, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

A.C. Mitchell, M.D. — N. Division St. Salisbury, Maryland — January 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 14, 1955 — NAME OF CEMETERY OR CREMATORY: Shad Point Cemetery — LOCATION (City, town, or county) (State): Shad Point (Near Salisbury Md)

DATE REC'D BY LOCAL REGISTRAR: 1-13-55 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

Walter R. Holloway

VS. A15

BUREAU V. S.

01085 01074

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 5

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) Rt. 5

3. NAME OF DECEASED: (Type or Print) (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH (Month) [illegible] (Day) [illegible] (Year) 19

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. [illegible]

9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Samuel Williams

14. MOTHER'S MAIDEN NAME: Unknow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-12-1501

17. INFORMANT & ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) 420.1

DUE TO (b)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ **CAUSE OF DEATH.**

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): [illegible]

DATE THEREOF 1/25

NAME OF CEMETERY OR CREMATORY [illegible]

LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 1-23-55

REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

George C. Hill II

01075

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01068

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 82 Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) (Last) Wise

4. DATE OF DEATH: (Month) January (Day) 6 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: 1872 | 9. AGE last birthday 82 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? | 10B. KIND OF BUSINESS OR INDUSTRY: none | 11. BIRTHPLACE (State or foreign country): Va | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) U | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Lorraine Holloway, Delmar

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 592.2 (A) Renal Failure — INTERVAL BETWEEN ONSET AND DEATH: Week

ANTECEDENT CAUSE (S) DUE TO (B) Uremic Coma — Week

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Chronic Glomerulo Nephritis — 6 mos.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 30, 1954, to Jan. 6, 1955 that I last saw the deceased alive on Jan. 5, 1955, and that death occurred at 2:25 P.M., from the causes and on the date stated above.

SIGNATURE Dr. Herbert Lowber M.D. ADDRESS Salisbury DATE SIGNED Jan. 10, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF 1-10 55 | NAME OF CEMETERY OR CREMATORY Mt Hebron | LOCATION (City, town or county) (State) Nebo Del

DATE REC'D BY LOCAL REGISTRAR 1-10-55 | REGISTRAR'S SIGNATURE Mary W. Holloway | 24. FUNERAL DIRECTOR Booker M Cash | ADDRESS

RECEIVED
JAN 13 1955
BUREAU V. I.

01086

01076

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walnut street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS Walnut street (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) Lewis (Last) Wootten
4. DATE OF DEATH (Month) Jan (Day) 24 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 15-1903
9. AGE last birthday: 51 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: (Wholesale Grocery)
11. BIRTHPLACE (State or foreign country): Pittsville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles D. Wootten
14. MOTHER'S MAIDEN NAME: Cornelia Holloway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Mabel M. Wootten (wife) Walnut St Hebron Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)
973.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home
21c. (City or town) Hebron (County) Wicomico (State) Md.
21d. TIME OF INJURY (Month) (Day) 24 (Year) 55 (Hour) 4P M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☑
21f. HOW DID INJURY Ooccur? Ext in Closed car I have completed

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.
SIGNATURE Earle L Kreger M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED 1-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Jan. 27 55
NAME OF CEMETERY OR CREMATORY Pittsville Cem.
LOCATION (City, town or county) Pittsville (State) Md.
DATE REC'D BY LOCAL REG. 1-26-55
REGISTRAR'S SIGNATURE Mary M. Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
JAN 28 1955
BUREAU V. S.